

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for office visits with manipulations, physical medicine and modalities, and therapeutic procedures.
- b. The request was received on April 18, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. No response to initial dispute received.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on August 8, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor representative, ____, states in the correspondence dated June 21, 2001 that... "...Our patient went to the Emergency Room at ____ on _____. He hurt his foot at work. He feared losing his job and tried to 'tough it out', yet the pain got worse. He came in to see us on February 20, 2002. All our medical bills are being denied due to 'Not Treating Dr.', we are Treating Doctor because we were the first doctor that ____ shoes to see outside emergency care. We called TWCC Medical Review and spoke to Pricilla to confirm we are following the rules. She said we did not have to file a TWCC

53 according to rule 126.9. To avoid further confusion with the insurance company we filed a TWCC 53 even though it was not necessary or required. It was approved by TWCC. The insurance company still continued to deny all our claims due to 'Not Treating Dr.'..."

2. Respondent: No response submitted.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on April 18, 2001, and extending through July 9, 2001. Dates of service March 2, 2001 through April 16, 2001 are outside the one year filing deadline and therefore not within the jurisdiction of Texas Workers Compensation Commission.
- Per TWCC Rule 126.9(c)(3), which states in part, "...The following do not constitute an initial choice of treating doctor: (3) any doctor providing emergency care unless the injured employee receives treatment from the doctor for other than follow-up care related to the emergency treatment." Requestor has also submitted a form TWCC-53, signed by both the treating doctor and injured worker on 4/16/01 and received in the Harlingen Field Office on 4/23/01.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/18/01 04/19/01 04/23/01 04/25/01 04/26/01 04/30/01 05/02/01 05/07/01 05/03/01 05/09/01 05/10/01 05/14/01 05/21/01 05/23/01 05/24/01 06/04/01 06/07/01 06/11/01 06/25/01 07/09/01	99213-MP	\$54.00 x 20 = \$1,080.00	\$0.00	L – Not Treating Doctor	\$48.00 x 20 = \$960.00	TWCC Rule 126.9(c)(3) MFG, MGR, (I)(B)(1)(a)	Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$960.00 is recommended.

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
04/18/01 04/19/01 04/23/01 04/25/01 04/26/01 04/30/01	97110(3)	\$45.00 x 18 = \$810.00	\$0.00	L – Not Treating Doctor	\$35.00 x 18 = \$630.00	TWCC Rule 126.9(c)(3) MFG, MGR (I)(A)(10)(a) CPT Descriptor	Preauthorization #: 008233501A Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$630.00 is recommended.
04/18/01 04/19/01 04/23/01 04/25/01 04/26/01 04/30/01	97112	\$45.00 x 6 = \$270.00	\$0.00	L – Not Treating Doctor	\$35.00 x 6 = \$210.00	TWCC Rule 126.9(c)(3) MFG, MGR (I)(A)(10)(a)	Preauthorization #: 008233501A Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$210.00 is recommended.
04/18/01 04/19/01 04/23/01 04/25/01 04/26/01 04/30/01	97116	\$48.00 x 6 = \$288.00	\$0.00	L – Not Treating Doctor	\$38.00 x 6 = \$228.00	TWCC Rule 126.9(c)(3) MFG, MGR (I)(A)(10)(a)	Preauthorization #: 008233501A Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$228.00 is recommended.
04/18/01 04/19/01 04/23/01 04/25/01 04/26/01 04/30/01	97265	\$50.00 x 6 = \$300.00	\$0.00	L – Not Treating Doctor	\$43.00 x 6 = \$258.00	TWCC Rule 126.9(c)(3) MFG, MGR (I)(C)(3)	Preauthorization #: 008233501A Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$258.00 is recommended.

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
06/07/01	99080	\$37.50	\$0.00	L – Not Treating Doctor	\$.50/page – reproduction charges 75 pgs x .50/page = \$37.50	TWCC Rule 126.9(c)(3) TWCC Rule 133.106(f)(3)	Requestor has submitted notes that the copies were made for TWCC-___ Field Office. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$37.50 is recommended.
07/09/01	99080-73	\$15.00	\$0.00	L – Not Treating Doctor	\$15.00	TWCC Rule 126.9(c)(3) TWCC Rule 133.106(f)(1)	Requestor has submitted the TWCC-73 to support the services billed. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$15.00 is recommended.
06/18/01	99214-MP	\$54.00	\$0.00	L – Not Treating Doctor	\$71.00 Requestor has billed \$54.00	TWCC Rule 126.9(c)(3) MFG, MGR, (1)(B)(2)(a)	Requestor has submitted daily notes to support the services rendered. Per TWCC Rule referenced and submission of TWCC-53 requestor is the treating doctor. Reimbursement in the amount of \$54.00 is recommended.
Totals		\$2,854.50	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2,392.50

V. RATIONALE

Medical Review Division's rationale:

The above Findings and Decision are hereby issued this 2nd day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,392.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 2nd day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mf